

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2013
NAME OF PROVIDER OR SUPPLIER MONROE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S ADAMS RD BLOOMINGTON, IN 47403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00133026</p> <p>Complaint IN00133026 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: August 15, 2013</p> <p>Facility number: 004016 Provider number: n/a AIM number: n/a</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 46 Total: 46</p> <p>Census payor type: Other: 46 Total: 46</p> <p>Sample: 3</p> <p>Monroe House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00133026.</p> <p>Quality Review 08/16/13 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE